#### DLN: 93493045018417

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

**Return of Organization Exempt From Income Tax** 

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

nterna	ai Kever	nue Servi	ce					
A F	or the	<b>2015</b> ca	lendar year, or tax year beginning  C Name of organization	g 07-01-2015 , and ending 06-30-20	16			
		oplicable	Alaska State Employees Association	ínc		D Empl	oyer ider	ntification number
	ddress cl ame cha	_	% NORA BRITT		92-0	12291	5	
	itial retu	_	Doing business as					
Fı	nal		Number and street (an D.O. have for	and a second delivered by the second and a second s		E Telepi	none num	ber
	termina'		2601 Denali St	all is not delivered to street address) Room/si	lite	(907	) 277-5	200
<u>.                                    </u>	nended i plication	return 1 pending	City or town, state or province, coun	try, and ZIP or foreign postal code			, 2 , , , ,	
1 14	pilodeloii	. penang	Anchorage, AK 99503			<b>G</b> Gross	receipts \$	\$ 6,077,716
			<b>F</b> Name and address of princip	al officer	H(a) ⊺	s this a grou	n return	for
			JAMES DUNCAN			ubordinates		Yes ✓
			2601 Denalı St Anchorage, AK 99503			No	linatas	
<b>T</b> a	x-exem	pt status		(insert no ) 4947(a)(1) or 527		re all subord ncluded?	imates	∏Yes ∏ No
1 14/	aheit a	1 NAVIAV	w afscmelocal52 org	(, , , , , , , , , , , , , , , , , ,	I	f "No," attac	h a lıst	(see instructions)
	CDSILE		waiscillelocal32 org		H(c) (	Group exemp	tion nur	mber ▶ 1381
<b>∢</b> Forr	n of org	ganızatıon	Corporation Trust Associa	tion Other ►	<b>L</b> Year	of formation 1	.987 <b>M</b>	State of legal domicile Al
Do	-A T	C						
Pa	rt I		<b>imary</b> scribe the organization's mission	or most significant activities				
				ENERAL GOVERNMENT UNIT (GGU	) FOR THE	STATE OF	ALASK	A AND MUNICIPAL
eu eu	EN	MPLOYE	EES IN THE CITY OF SITKA, AL	ASKA				
<u>ٽ</u>	-							
Ě								
Governance	<b>2</b> C	heck th	nis box 🕨 🥅 if the organization dis	scontinued its operations or disposed	of more th	ian 25% of it	s net as	ssets
	l						1 _ 1	
.∧ 				ng body (Part VI, line 1a)			3	12
Š			•	f the governing body (Part VI, line 1b)			4	12
Activities &			• •	alendar year 2015 (Part V, line 2a)			5	25
a.			mber of volunteers (estimate if ne			6 7a	13	
				rt VIII, column (C), line 12 m Form 990-T, line 34			7a 7b	U
	U NO	c um cie	ated business taxable medile no	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	<u> </u>	Current Year
	8	Contr	ubutions and grants (Part VIII Ju	ne 1h)		5,930	656	5,829,554
₫	8 Contributions and grants (Part VIII, line 1h)					0		3/023/33
Ravenua	10			(A), lines 3, 4, and 7d)		52	,649	44,999
ã	11		•	lines 5, 6d, 8c, 9c, 10c, and 11e)			,646	35,583
	12			(must equal Part VIII, column (A), lir	ne	6,015		5,910,136
		12)					,,,,,,	3,510,130
	13			IX, column (A), lines 1-3)			0	(
	14		,	X, column (A), line 4)	•		0	(
82	15	5aları 5–10		e benefits (Part IX, column (A), lines		3,324	,088	2,961,011
SUS	16a	Profe	, ssional fundraising fees (Part IX,	column (A), line 11e)			0	(
Expenses	ь	Total fu	undraising expenses (Part IX, column (D)	, line 25) ▶ <sup>0</sup>				
ш	17			ines 11a-11d, 11f-24e)		2,622	,437	2,629,060
	18	Total	expenses Add lines 13-17 (mus	st equal Part IX, column (A), line 25)		5,946	,525	5,590,071
	19	Rever	nue less expenses Subtract line :	18 from line 12		69	,426	320,065
S 6 S					Beginni	ng of Current	Year	End of Year
Net Assets or Fund Balances		<b>-</b>	. (2 ) (4 )					C 155 466
ABS Bear	20		assets (Part X, line 16)			6,072 3,738		6,155,466 3,538,071
Z Z	21 22		liabilities (Part X, line 26) ssets or fund balances Subtract		`-	2,333		2,617,395
	t III		nature Block			2,333	,002	2,017,333
				mined this return, including accompai	nying sche	dules and st	atement	ts, and to the best of
				plete Declaration of preparer (other t	han officer	r) is based or	n all info	rmation of which
лера 	пег Па ——	ъ апу К 	nowledge					
		***	** *			2017-02-13		
Sign		Sign	ature of officer			Date		
Here	9		ES DUNCAN Executive Director					
		<b>I</b>	e or print name and title				T	
			Print/Type preparer's name Key E Getty CPA	Preparer's signature Key E Getty CPA	Date	Check   If	PTIN P00121	.200
Paid			Firm's name BDO USA LLP			self-employed Firm's EIN ▶	<u> </u>	
	pare	r	Firm's name BDO USA LLP Firm's address 3601 C STREET STE 600			Phone no (90	7) 278-89	
100	Onl	L. I'	> aaa. 555 > 5551 C 51NEE1 51E 600	-		1.110116 110 (90	., 2,0-00	

ANCHORAGE, AK 99503

. ✓Yes No

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	<b>11</b> d	Yes	I
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2015)

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Paits I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V		 Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   8		1 65	140
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0	1		
c	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gamın	g (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered			
		s return			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a		e organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
<b>4</b> a		y time during the calendar year, did the organization have an interest in, or a signature or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or other financial int)?	4a		No
ь		s," enter the name of the foreign country 🕨			
	Seein	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR				
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	тт "Үе:	s," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions?	6a	Yes	
b	If"Ye	s," did the organization include with every solicitation an express statement that such contributions or gifts	6b	Yes	
7		izations that may receive deductible contributions under section 170(c).		_	
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and es provided to the payor?	7a		
b		s," did the organization notify the donor of the value of the goods or services provided?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d		s," Indicate the number of Forms 8282 filed during the year	70		
е	Dia th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		
g	If the require	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as ed?	<b>7</b> g		
h	Ifthe	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	-	oring organizations maintaining donor advised funds.  donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
		the year?	8		
<b>9</b> a	Did th	e sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		on 501(c)(7) organizations. Enter			
		tion fees and capital contributions included on Part VIII, line 12 10a receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
b	faciliti	, , , , , , , , , , , , , , , , , , , ,	_		
11		on 501(c)(12) organizations. Enter			
		Income from members or shareholders	-		
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the 12b			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states			
_		the digamentation is needed to issue qualified health plans	4		
		e organization receive any payments for indoor tanning services during the tax year?	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		110
-		. , , , , , , , , , , , , , , , , , , ,			

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are 1b ındependent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes

10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10</b> b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

### Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶NORA BRITT 2601 DENALI ST ANCHORAGE, AK 99503 (907) 277-5200

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related or	ganıza	ition	com	pen	sated	lany	current officer, o	lirector, or truste	e	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	dotted line)	Individual trustee or director	Institutional Trustee	Cel	employee	Highest compensated employee	Former			organizations	
(1) DAWN BUNDICK	1 5	l x		×				0	0	0	
PRESIDENT	0 0	^		^				0	0	0	
(2) MICHAEL WILLIAMS SECRETARY	1 5	х		×				0	0	0	
(3) JOHN WHITE TREASURER	1 5	х		х				0	0	0	
(4) CASSANDRA LYNCH	0 0 1 5										
CLASS 1 REPRESENTATIVE		×						0	0	0	
	0 0 1 5										
(5) PAMELA HARPER TECHNICAL REPRESENTATIVE		×						0	0	0	
(6) RICHARD SEWELL PROFESSIONAL REPRESENTATIVE	1 5	х						0	0	0	
(7) WILLIAM HUNT	0 0 1 5										
ADMINISTRATIVE SUPPORT REP	0 0	×						0	0	0	
(8) MAUREEN KOEZUNA BUSH REPRESENTATIVE	1 5	х						0	0	0	
(9) STEVE OSWALD  RURAL REPRESENTATIVE	15	х						0	0	0	
(10) NADINE LEFEBVRE SOUTHEAST REPRESENTATIVE	1 5	х						0	0	0	
(11) ELIZABETH SIEGEL NORTHERN REPRESENTATIVE		x						0	0	0	
(12) KEN CRAMER	0 0										
CENTRAL REPRESENTATIVE	0 0	×						0	0	0	
(13) JASON AVERY MUNICIPAL RESPRESENTATIVE	1 5	х						0	0	0	
(14) JAMES DUNCAN	40 0			x				149,900	0	26,411	
EXECUTIVE DIRECTOR	0 0									Farma 000 (2015)	
										Form <b>990</b> (2015)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) DOUGLAS CARSON	41 0					x		115,982	O	O
BUSINESS AGENT (16) JOHN ROBBINS	0 0 42 5									
BUSINESS AGENT	0.0					x		113,758	C	o
(17) GEORGE ZUKE	43 0									
BUSINESS AGENT	0 0					X		111,417	0	0
(18) SUZAN HARTLIEB	41 0					,,		110 422		
BUSINESS AGENT	0 0					X		110,423	C	C
(19) RICHARD ISETT	46 0					х		104,778	0	0
BUSINESS AGENT	0 0							104,776		
1b Sub-Total	•		•	<b>&gt;</b>		<u> </u>	70	06,258	0	26,411
d Total (add lines 1b and 1c)			•					·	<u> </u>	20,411
2 Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list	ed al	bove	e) w	ho red	eive	ed more than	·	

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		lΝ

#### Section B. Independent Contractors

L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99	0 (20	15)						Page <b>9</b>
Part V	1111	Statement o						
		Check If Schedi	ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w &	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies <b>1b</b>	5,829,554				
ج آ	c	Fundraising eve	ents <b>1c</b>					
ifts. ar ∠	d	Related organiz	zations 1d					
E	e	Government grant	s (contributions) <b>1e</b>					
ions	f	similar amounts not included above						
Contributions, Gifts, and Other Similar A	_							
a d d	g	1a-1f \$	ons medded in inies					
<u>ප</u>	h	Total. Add lines	s 1a-1f	· · · ·	5,829,554			
÷ E				Business Code				
Program Service Revenue	2a							
ıΣ ČŽ	b c							
ř Š	d							
፠	e							
gran	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	•	0			
	3		ome (including dividence		35.000			35.000
	١,		ar amounts) Stment of tax-exempt bond ;	H	35,908			35,908
	4   5		· · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0			
		,,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		176,671				
	b	Less cost or other basis and sales expenses		167,580				
	С	Gain or (loss)		9,091				
	d		ss)		9,091			9,091
enne	8a	Gross income f events (not inc \$ of contributions						
Other Revenue	ь	See Part IV, lir						
ŏ	l		(loss) from fundraising (	events ▶	О			
	9a		rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	c		loss) from sales of inve		0			
		Miscellaneous		Business Code 900099	24 070	31,873		
	11a	LEAVE IN BAN REIMBURSEMI		900099	31,873	31,8/3		
	ь	MISCELLANEC		900099	3,710	3,710		
	С							
	d	All other reven	ı					
	e		s 11a-11d	•	35,583			
	12	iotal revenue.	See Instructions	• • • •	5,910,136	35,583		44,999

# Part IX Statement of Functional Expenses

ar
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711 2 (	or (c)(3) and 301(c)(4) organizations indisc complete an columns. All other organizations indisc complete column (A)		
	Check if Schedule O contains a response or note to any line in this Part IX		
	Г		

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	178,652			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,922,692			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	434,942			
9	Other employee benefits	253,786			
10	Payroll taxes				
		170,939			
11	Fees for services (non-employees)				
а	Management	2,400			
b	Legal	5,100			
с	Accounting	25,189			
d	Lobbying	97,070			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	U			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,589			
12	Advertising and promotion	28,431			
13	Office expenses	240,876			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	262,203			
17	Travel	23,176			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	116,064			
20	Interest	0			
21	Payments to affiliates	1,412,280			
22	Depreciation, depletion, and amortization	85,827			
23	Insurance	41,460			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ARBITRATION, SETTLEMENTS	164,620			
b	EXECUTIVE BOARD	56,227			
c	PUBLIC RELATIONS	21,106			
d	DUES & SUBSCRIPTIONS	18,232			
е	All other expenses	20,210			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	5,590,071			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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Net Assets or Fund Balances

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Accounts payable and accrued expenses

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

6,155,466

1,143,057

1,568,055

45.498

3,538,071

2,617,395

2,617,395

6,155,466

Form 990 (2015)

0

0

781,461

0

0

0

6,072,288

815,561

1,313,724

1,604,489

0 18

0 20

0

0 24

4.832

3,738,606

2,333,682

2.333.682

6,072,288

0 28

0 29

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Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any lin	e in th	ıs Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			83,756	1	335,525
	2	Savings and temporary cash investments			318,284	2	367,249
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			55,116	4	46,733
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Consciently and the compensated employees.	e Part II of				
				0	5	0	
s S	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958( contributing employers and sponsoring organizations of second voluntary employees' beneficiary organizations (see instance).					
Assets					0	6	0
As	7	Notes and loans receivable, net	Notes and loans receivable, net				0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			43,107	9	102,155
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,136,785			
	ь	Less accumulated depreciation	<b>10</b> b	537,046	2,669,704	<b>10</b> c	2,599,739
	11	Investments—publicly traded securities			1,585,242	11	1,557,653
	12	Investments—other securities See Part IV, line 11 $\cdot$			0	12	0
	13	Investments—program-related See Part IV , line 11 $$ .			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			1,317,079	15	1,146,412

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

column (B))

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Schedule O

Schedule O

basis, consolidated basis, or both Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

✓ Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . .

Both consolidated and separate basis

Cash ✓ Accrual Other

Both consolidated and separate basis

10

2,617,395

No

Νo

Νo

Nο

Form 990 (2015)

Yes

Yes

2a

2b

2c

3a

3b

#### DLN: 93493045018417

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ame of the organization ska State Employees Association Inc			Employer idei	ntification number
				92-0122915	
Par	rt I-A Complete if the o	rganization is exempt unde	er section 501(c	) or is a section 527	7 organization.
1	Provide a description of the o	rganization's direct and indirect pol	itical campaign activ	vities in Part IV	
2	Political expenditures			<b>&gt;</b>	\$
3	V olunteer hours				-
Pai	rt I-B Complete if the o	rganization is exempt unde	er section 501(c	)(3).	
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955	<b>•</b>	\$
2	Enter the amount of any excis	e tax incurred by organization man	agers under section	4955 ▶	\$
3	If the organization incurred a	section 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
<b>4</b> a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Pai	rt I-C Complete if the o	rganization is exempt unde	er section <b>501</b> (c	), except section 50	)1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to	other organizations	for section 527 ▶	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter he	re and on Form 1120	-POL, line 17b ►	\$
4	Did the filing organization filel	Form 1120-POL for this year?			Yes V No
5	organization made payments amount of political contribution	and employer identification number For each organization listed, enter ons received that were promptly and opolitical action committee (PAC)	the amount paid fror d directly delivered to	n the filing organization's o a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)	ASEA PAC	2601 DENALI STREET ANCHORAGE,AK 99503	45-4980647		110,053
2					
3					
4					
5					
					+
h		1	1	1	1

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

	Limits on Lobl (The term "expenditures")	organization's totals	group totals	
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and			
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines			
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
Lobbying Expe	nditures During	4-Year Avera	ging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total			
Lobbying nontaxable amount								
Lobbying ceiling amount (150% of line 2a, column(e))								
Total lobbying expenditures								
Grassroots nontaxable amount								
Grassroots ceiling amount (150% of line 2d, column (e))								
Grassroots lobbying expenditures								
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))			

Return Reference

FORM 990, SCHEDULE C, PART I-

A, LINE 1

che	edule C (Form 990 or 990-EZ) 2015				Pa	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has I filed Form 5768 (election under section 501(h)).	ТОИ				
· or o	1 11	(	a)		(b)	
or e ctrv	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity		No	,	A moun	t
		Yes		' <u></u>		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
	through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					82,875
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
2a i	t III-A Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6).	501(c	)(5),	or s	ectio	n
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
_C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groussee instructions), and Part II-B, line 1. Also, complete this part for any additional information.	ıp lıst),	, Part II	[-A,	ines 1	and
$\overline{}$						

Explanation

THE ASEA/AFSCME LOCAL 52 POLITICAL ACTION COMMITTEE IS MADE UP OF STATE

EQUALITY (PEOPLE) FUND THROUGH A VOLUNTARY PAYROLL DEDUCTION

EMPLOYEES WHO VOLUNTARILY CONTRIBUTE TO THE PAC TO PROMOTE LEGISLATIVE

**SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493045018417

Open to Public Inspection

Treasury Internal Revenue Service

► Attach to Form 990. Department of the

	a State Employees Association Inc			Empi	oyer identification number
				92-0	122915
Par	<b>Organizations Maintaining Dono</b> Complete if the organization answer	r Advised Funds or ed "Yes" on Form 99	Other Similar Fo D, Part IV, line 6.	unds c	or Accounts.
		(a) Donor advised fur	ds	(b)	Funds and other accounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
	Did the organization inform all donors and donor funds are the organization's property, subject to			or advis	sed Yes No
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or o	onor advisor, or for ai	ny other	Yes No
Par	Conservation Easements. Compl	ete if the organization	n answered "Yes" o	n Forn	n 990, Part IV, line 7.
Ĺ	Purpose(s) of conservation easements held by the	-	ll that apply)		
	Preservation of land for public use (e.g., receducation)	reation or I	Preservation of a	n histor	ically important land area
	Protection of natural habitat				d historic structure
	Preservation of open space	'	r reservation or a	cereme	a materia structure
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserv	ation contribution in t	he form	of a conservation
	casement on the last day of the tax year				Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easem	ents		2b	
c	Number of conservation easements on a certified	d historic structure inclu	ded in (a)	2c	
	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/0	6, and not on a	2d	
3	Number of conservation easements modified, tra	ınsferred, released, extir	iguished, or terminate	d by the	e organızatıon durıng the
	tax year ▶				
1	Number of states where property subject to cons	servation easement is lo	cated ▶		
	Does the organization have a written policy rega violations, and enforcement of the conservation	<b>3</b> .	oring, inspection, hand	dling of	□Yes □No
,	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of	violations, and enforci	ng cons	servation easements during the
	<b>&gt;</b>				
•	A mount of expenses incurred in monitoring, insp ▶ \$	ecting, handling of viola	tions, and enforcing c	onserva	ation easements during the year
	Does each conservation easement reported on In (B)(I) and section $170(h)(4)(B)(II)$ ?	ine 2(d) above satisfy th	e requirements of sec	tion 17:	0(h)(4)
	In Part XIII, describe how the organization repoi balance sheet, and include, if applicable, the tex the organization's accounting for conservation ex-	t of the footnote to the o			·
	Organizations Maintaining Collection		rical Treasures.	or Oth	ner Similar Assets.
	Complete if the organization answer				
	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	r assets held for public e	exhibition, education,	or resea	arch in furtherance of public
_	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	r assets held for public e	•		
(i)	Revenue included on Form 990, Part VIII, line	1		<b>▶</b> \$	
(ii)	Assets included in Form 990, Part X		1		
	If the organization received or held works of art,	historical treasures, or o			

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, Hi	stori	cal 1	Γrea	asures, o	or Ot	her Sin	nilar As	set	s	
3		the organization's acquisition, accultion items (check all that apply)	ession, and other reco	rds,c	heck a	any of	the	following t	hat ar	e a sıgnıf	icant use	e of it	S	
а		Public exhibition		d		Loa	n or	exchange	progr	ams				
b	<u> </u>	Scholarly research		e	Г	Oth	er							
c		Preservation for future generations												
4	Provi Part >	de a description of the organization' KIII	s collections and expl	ain ho	w they	/ furth	ner ti	he organiza	ation's	s exempt	purpose	ın		
5		g the year, did the organization solions to be sold to raise funds rather th									┌ Yes	Г	_ <sub>No</sub>	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part	IV,	line 9, or	repo	orted an	amount	t on	Form	990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediary	y for c	ontrib	utio	ns or other	asse	ts not	☐ Yes	Г	_ No	
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowin	a tahl	le				Amo	unt		
c		ginning balance	are XIII and complete	tile lo	110 11111	g tabi			<b>1</b> c					
d		ditions during the year						-	1d					
e		tributions during the year							1e					
f		ding balance							1f					
2a		ne organization include an amount o	n Form 990, Part X, Iır	ie 21,	for es	crow	or c	ustodial ac		t liability?	Yes	ſ	No	
b	If"Ye	es," explain the arrangement in Part	XIII Check here if th	e exp	lanatio	on has	s bee	en provided	d in Pa	art XIII				
Pa	rt V	Endowment Funds. Comple	te if the organizatio	n an	swere	ed "Y	es"	to Form 9	990, 1	Part IV,	lıne 10.			
			(a)Current year	<b>(b)</b> P	nor yea	ır	b (c	<b>)</b> Two years b	ack (	<b>d)</b> Three ye	ars back	<b>(e)</b> Fo	our yea	ırs back
<b>1</b> a	_	nning of year balance												
b	Cont .	ributions · · · · · · · ·												
c	Net i losse	nvestment earnings, gains, and												
d	Gran	ts or scholarships												
е		r expenditures for facilities programs												
f	A dmi	nistrative expenses												
g		of year balance												
2	Provi	de the estimated percentage of the	current year end balan	ce (lı	ne 1g,	colur	mn (a	a)) held as						
а		I designated or quasi-endowment <b>&gt;</b>	,	`	٠.		`	,,						
ь		anent endowment ►												
c		orarily restricted endowment >												
		ercentages on lines 2a, 2b, and 2c	should equal 100%											
3a		nere endowment funds not in the pos	ssession of the organiz	ation	that a	re he	ld ar	nd adminis	tered	for the		_		
	-	ızatıon by related organızatıons									3a(	-	Yes	No
		lated organizations						•			3a(		-+	
b	` '	es" on 3a(ii), are the related organiz					?.	·			. 31		$\dashv$	
4		ribe in Part XIII the intended uses o	· ·											
Pa	rt VI	Land, Buildings, and Equip												
		Complete if the organization a  Description of property	answered 'Yes' to Fo	orm S			V, li	ine 11a.S (b)	ee Fo		, Part X, umulated			value
		Description of property		С	ost or c	( <b>a)</b> other b stment		Cost or other			preciation		<b>1)</b> 500K	value
<b>1</b> a	Land			•				6	62,188	3				662,188
b	Buildin	gs		-				2,1	13,784	1	249,291	L	1	,864,493
		nold improvements							12,677	+	12,633	+		44
d	Equipn	nent						3	348,136	5	275,122	2		73,014

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

See Form 990, Part X, line 12.  (a) Description of security or cate	egory	(b)Book value	(c)Method of valuation
(including name of security)	gory	(B)Book Value	Cost or end-of-year market valu
(1)Financial derivatives (2)Closely-held equity interests			
3)Other			
otal. (Column (b) must equal Form 990, Part X, col (B) line 1.  Part VIII Investments—Program Relate			
Complete if the organization answ	ered 'Yes' on Form 990,	Part IV, line 11c. <sub>S</sub>	See Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13		ırm 990 Part IV line	2 11d See Form 990 Part X line 15
Part IX Other Assets. Complete if the organi		rm 990, Part IV , line	e 11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [(1) SECURITY DEPOSITS	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical (a) [	ızatıon answered 'Yes' on Fo	irm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organical Experience (a) Experience (a) Experience (b) SECURITY DEPOSITS (2) BUSINESS LEAVE BANK	Ization answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value  3,35  1,143,05
(a) E (1) SECURITY DEPOSITS (2) BUSINESS LEAVE BANK  Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the	line 15)		(b) Book value  3,35  1,143,05
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X  Other Assets. Complete if the organical (Column (b) must equal Form 990, Part X, col (B)  Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.	line 15 ) organization answered		(b) Book value  3,35  1,143,05
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X  Other Assets. Complete if the organical (Column (b) must equal Form 990, Part X, col (B)  Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.	line 15)		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Fotal. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability	Ization answered 'Yes' on For Description  Inne 15 )		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	Ization answered 'Yes' on For Description  Inne 15 )		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Potal. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Fotal. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Fotal. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Part IX Other Assets. Complete if the organical (a) E  1) SECURITY DEPOSITS  2) BUSINESS LEAVE BANK  Fotal. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
(a) E  (a) E  (b) SECURITY DEPOSITS  (c) BUSINESS LEAVE BANK  (c) BUSINESS LEAVE BANK  (d) SECURITY DEPOSITS  (e) BUSINESS LEAVE BANK  (f) SECURITY DEPOSITS  (g) BUSINESS LEAVE BANK  (h) For a security of the security of t	line 15 ) organization answered  (b) Book value		(b) Book value  3,35  1,143,05
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	line 15 ) Organization answered  (b) Book value  45,496	Yes' on Form 990,	(b) Book value  3,35  1,143,05

Other (Describe in Part XIII )

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015

1

2

а b

c d

е

е 3

а

b

c

3

4,449,763

-36,352

4,486,115

4,166,050

1,424,021

5,590,071

1

2e

3

2e

3

4c

11,741

1,412,280

-36,352

11,741

b	Other (Describe in Part XIII).............	4b	1,412,280		
c	Add lines <b>4a</b> and <b>4b</b>			4c	1,424,021
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)		5	5,910,136
Part	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990, F		•	s per	Return.
1	Total expenses and losses per audited financial statements			1	4,166,050
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d		1	

2a

2b

2c

2d

4a

4b

The Union is exempt from federal income tax under Section 501(c)(5) of the Internal Revenue Code

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Donated services and use of facilities . .

Recoveries of prior year grants . . . . .

Subtract line 2e from line 1 . . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d .

Add lines 4a and 4b .

FORM 990, SCHEDULE D, PART X,

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information

Return Reference Explanation

LINE 2 The Union receives tax exempt status through its affiliation with AFSCME The Union applies the provisions of Topic 740 of the ASC relating to the accounting for uncertainty in income taxes Management anticipates that any tax liability due to unrelated business taxable income, if any, will be minimal and has therefore made no tax provision

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	
FORM 990, SCHEDULE D, PART XII, LINE 4B	PAYMENTS TO AFFILIATES RECLASSIFIED AS EXPENSE	

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**Compensation Information** 

OMB No 1545-0047

DLN: 93493045018417

2015

Open to Public

Inspection

Schedule J (Form 990)

Department of the

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Treasury Internal Revenue Service

	me of the organization ska State Employees Association Inc			Employer identification	on nun	nber	
	. ,			92-0122915			
Pa	rt I Questions Regarding Compensation	1					
				,		Yes	No
.a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel		Housing allowance or residence for	personal use			
	Travel for companions		Payments for business use of person	onal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiat	ion fees			
	Discretionary spending account		Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement or provision of all of the expenses des				1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec				2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensa	at apply	Do not check any boxes for method	ds			
	Compensation committee	<b>~</b>	Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compensa	ation committee			
ı	During the year, did any person listed on Form 990, For a related organization	Part VII	, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control p	payment	t?		<b>4</b> a		Νo
b	Participate in, or receive payment from, a supplemen	ital nond	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide the	e applicable amounts for each item ii	n Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of		•	any			
а	The organization?				5a		
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III				5b		
;	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue a	any			
а	The organization?				<b>6</b> a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
,	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			n-fixed	7		
3	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in in Part III		·		8		
)	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure describe	ed in Regulations	9		

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
	D	(ii)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior

10.211

16,200

176.311

Schedule J (Form 990) 2015

149.900

1 1AMES DUNCAN

EXECUTIVE DIRECTOR

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation i
	Base	(ii) Bonus & incentive	(III) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prio
	(1)	compensation	compensation				Form 990

Return Reference	Explanation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page <b>3</b>

Schedule J (Form 990) 2015

Citie Ciuti IIIC Pilii	7.5 1 11 Cu Dutu
SCHEDULE O	Supplemental Information to Form 990 or 990-EZ
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  • Attach to Form 990 or 990-EZ

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OMB No. 1545-0047 2015 Open to Public Inspection

DLN: 93493045018417

Department of the ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasurv www.irs.gov/form990. Internal Revenue Service

990 Schedule O, Supplemental Information

Explanation

92-0122915

AS COLLECTIVE BARGAINING REPRESENTATIVES FOR THE STATE AND MUNICIPAL EMPLOYEES. WE ARE COMMITTED

Employer identification number

TO ACHEVING DIGNITY AND RESPECT IN THE WORKPLACE FOR OUR MEMBERSHIP IN ADDITION TO PROTECTING MEMBER RIGHTS THROUGH COLLECTIVE BARGAINING, WE SERVE AS AN ADVOCATE IN DISPUTES INVOLVING WE ARE A MEMBERSHIP ORGANIZATION, OPERATING FOR THE BENEFIT OF OUR MEMBERS

VI, SECTION A. LINE 6

III. LINE 1

Name of the organization

Return

Reference FORM 990, PART

Alaska State Employees Association Inc

WORKING CONDITIONS, PAY, PERFORMANCE AND OTHER WORK-RELATED ISSUES FORM 990, PART

Return Reference Explanation

FORM 990. PART VI.

THE MEMBERS ELECT THE EXECUTIVE BOARD VIA A SIMPLE MAJORITY VOTE. THEY DO NOT NEED TO

990 Schedule O, Supplemental Information

SECTION A, LINE 7A	APPROVE ACTION TAKEN BY THE BOARD UNLESS IT IS SPECIFICALLY SPELLED OUT IN THE CONSTITUTION
	THE ACCOUNTANT PERFORMS A REVIEW BY COMPARING THE INFO IN THE 990 TO THE AUDITED FINANCIAL STATEMENTS, WHICH ARE ALSO COMPARED TO THE TRIAL BALANCE THAT MAKE UP THE ENTITIES INCLUD
	ED IN THE FINANCIAL STATEMENTS

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI,	GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST ARE ONLINE AND ON OUR WEBPAGE - THE FINANCIAL
SECTION C. LINE 19	STATEMENTS ARE AVAILABLE FOR INSPECTION IN OUR OFFICES - THIS IS PER THE EXECUTIVE BOARD POLICIES

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## **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Alaska State Employees Association Inc

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number** 

92-0122915

Part I Identification of Disregarded Entities Co					/f\		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	<b>(f)</b> Direct controlling entity		
The stiffication of Bolated Tay Evenus Or	anizations Complete if	the exception on	Swared "Ves" on I	Form 000 Part IV	/ June 24 hospuse it	had on	
Part II Identification of Related Tax-Exempt Orgon or more related tax-exempt organizations dur		ine organization an	swered rescont	-01111 990, Part IV	, lille 34 Decause It	nau on	e 
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	(f) Direct controlling entity	Section (13) co ent	g) n 512(b) ontrolled tity?
1)ASEA LEGAL TRUST FUND O BOX 93870	LEGAL SERVICE	AK	501(C)(9)		NA	Yes	No
NCHORAGE, AK 99509 4-3125004							
<b>2)</b> ASEA-AFSCME LOCAL 52 HLTH BENEFITS TRUST 01 QUEEN ANNE AVE N STE 100	HLTH BENEFITS	WA	501(C)(9)		NA		No
SEATTLE, WA 98109 12-0174160							igspace
							1

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	<b>(k)</b> Percentage ownership
				314)			Yes	No		Yes	No	
											<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(i) ction 512 (b)(13) ontrolled entity?	res No						
(h) Percentage ownership							
(g) Share of end- of-year assets							
(f) Share of total income							
(e) Type of entity (C corp, S corp, or trust)							
(d) Direct controlling entity							
(c) Legal domicile (state or foreign country)							
<b>(b)</b> Primary activity							
(a) Name, address, and EIN of related organization							

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
		atad in Dauta II IV.2			163	110
1 During the tax year, did the organization engage in any of the following transactions with one or more in	5			1a		No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1b		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1c		No
c Gift, grant, or capital contribution from related organization(s)				1d		No
<b>d</b> Loans or loan guarantees to or for related organization(s)						
e Loans or loan guarantees by related organization(s)				1e		No
${f f}$ Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1p	Yes	
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
r Other transfer of cash or property to related organization(s)				1r		No
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				<b>1</b> s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	vered relationships	and transaction thresholds	;		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining an	nount II	nvolved	

### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	end-of-year			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
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													<u></u>		
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